

# interRAI Self-Report Nursing Home (NH) Quality of Life Item Battery<sup>©</sup>

The 16 Items in the Subjective Quality of Life Composite **MUST** be Asked [the \*\*\* items]  
All other items are Optional – they include the 34 items in the standard NH battery  
Plus sets of additional candidate items that could be considered

[April, 2020]

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                            YYYY      MM      DD

Interviewer ID: \_\_\_\_\_

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I am going to ask you about your quality of life. We want to determine how well \_\_\_\_\_ (name of program) is providing service to people. There are no right or wrong answers, and the whole discussion concerns what life is like for you here.

USE THESE CODES AS NECESSARY

6 = don't know

7 = refused

8 = no response or cannot be coded from  
response (write down what is said)

[KEY - \*\*\* - THE 16 ITEMS THAT FORM THE SUBJECTIVE QUALITY OF LIFE COMPOSITE.]

## A. Privacy Items

*First, I'd like to talk with you about privacy.*

*For each statement please answer with one of the following choices:*

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

\_\_\_\_\_ 1. I can be alone when I wish. \*\*\*

\_\_\_\_\_ 2. When I have company, I can visit in private.

\_\_\_\_\_ 3. My privacy is respected when people care for me.

\_\_\_\_\_ 4. My personal information is kept private.

## B. Food/M Meal Items

☐ The items that follow are about food.

For each statement please answer with one of the following choices:

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

- \_\_\_\_\_ 1. I like the food here. \*\*\*
- \_\_\_\_\_ 2. I enjoy mealtimes.
- \_\_\_\_\_ 3. I get my favorite foods here.
- \_\_\_\_\_ 4. I can eat when I want.
- \_\_\_\_\_ 5. I have enough variety in my meals.
- \_\_\_\_\_ 6. Mealtimes provide an opportunity to socialize with others.
- \_\_\_\_\_ 7. Food is the right temperature when I get to eat it.

## C. Safety/Security Items

☐ Now let us talk about safety.

For each statement please answer with one of the following choices:

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

- \_\_\_\_\_ 1. If I need help right away, I can get it.\*\*\*
- \_\_\_\_\_ 2. I feel my possessions are safe.
- \_\_\_\_\_ 3. I feel safe when I am alone.
- \_\_\_\_\_ 4. People ask before using my things.
- \_\_\_\_\_ 5. I feel safe around those who provide me with support and care.

## D. Comfort Items

The items that follow focus on your life here. [Refers to D and E below]

For each statement please answer with one of the following choices:

☐ 0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

- \_\_\_\_\_ 1. I get the services I need. \*\*\*

\_\_\_\_\_ 2. I would recommend \_\_\_\_\_ (this site/this organization) to others. \*\*\*

☐ \_\_\_\_\_ 3. This place feels like home to me.

\_\_\_\_\_ 4. I can easily go outdoors if I want.

\_\_\_\_\_ 5. I am bothered by the noise here.

\_\_\_\_\_ 6. I tend to be happier than most other people.

\_\_\_\_\_ 7. I feel restricted in where I can go.

\_\_\_\_\_ 8. I make use of the public spaces here.

\_\_\_\_\_ 9. This place smells nice

\_\_\_\_\_ 10. My room is as clean as I would like.

### **E. Make Daily Decisions Items [Autonomy]**

*For each statement please answer with one of the following choices:*

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

\_\_\_\_\_ 1. I decide how to spend my time. \*\*\*

☐ \_\_\_\_\_ 2. I can have a bath or shower as often as I want. \*\*\*

\_\_\_\_\_ 3. I decide when to go to bed and get up.

\_\_\_\_\_ 4. I can go where I want on the "spur of the moment."

\_\_\_\_\_ 5. I control who comes into my room.

\_\_\_\_\_ 6. I decide how my money is spent.

\_\_\_\_\_ 7. I decide which clothes to wear.

### **F. Respect Items**

*Now I'd like to discuss how you feel about staff here. [Refers to F, G, and H]*

*For each statement please answer with one of the following choices:*

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

\_\_\_\_\_ 1. I am treated with dignity by the people involved in my support and care. \*\*\*

☐ \_\_\_\_\_ 2. Staff pay attention to me.

\_\_\_\_\_ 3. I can express my opinion without fear of consequences.

\_\_\_\_\_ 4. I am careful about what I say around staff.

- \_\_\_\_\_ 5. Staff respect what I like and dislike.
- \_\_\_\_\_ 6. Nurse assistants have enough time for me.
- ☐ \_\_\_\_\_ 7. The nurse assistants know what they are doing.
- \_\_\_\_\_ 8. I have the same nurse assistant on most weekdays.

### G. Responsive Staff Items

*For each statement please answer with one of the following choices:*

0) Never   1) Rarely   2) Sometimes   3) Most of the time   4) Always

- \_\_\_\_\_ 1. My services are delivered when I want them. \*\*\*
- \_\_\_\_\_ 2. The care and support I get help me live my life the way I want. \*\*\*
- \_\_\_\_\_ 3. Staff respond quickly when I ask for assistance.
- \_\_\_\_\_ 4. Staff act on my suggestions.
- \_\_\_\_\_ 5. The nurse assistants encourage me to do as much as I can for myself.

### ☐ H. Staff-Resident Bonding Items

*For each statement please answer with one of the following choices:*

0) Never   1) Rarely   2) Sometimes   3) Most of the time   4) Always

- \_\_\_\_\_ 1. Some of the staff know the story of my life. \*\*\*
- \_\_\_\_\_ 2. I consider a staff member my friend. \*\*\*
- \_\_\_\_\_ 3. Staff take the time to have a friendly conversation with me.
- \_\_\_\_\_ 4. Staff talk to me about how to meet my needs.
- \_\_\_\_\_ 5. Staff are open and honest with me.
- \_\_\_\_\_ 6. Staff acknowledge my life accomplishments.

### I. Activity Option Items

*Now, let us look at how you feel about activities.*

☐ *For each statement please answer with one of the following choices:*

0) Never   1) Rarely   2) Sometimes   3) Most of the time   4) Always

- \_\_\_\_\_ 1. I have enjoyable things to do here on weekends. \*\*\*

- \_\_\_\_\_ 2. I participated in meaningful activities in the past week. \*\*\*
- ☐ \_\_\_\_\_ 3. I do things that keep me mentally active.
- \_\_\_\_\_ 4. I can take part in activities off the unit.
- \_\_\_\_\_ 5. If I want, I can participate in religious activities that have meaning to me.
- \_\_\_\_\_ 6. I have opportunities to meet with other like-minded residents
- \_\_\_\_\_ 7. I have the opportunity to explore new skills and interests

### **J. Personal Relationships (Presence of Friends) Items**

*Finally, we will talk about your relationships with others.*

*For each statement please answer with one of the following choices:*

0) Never    1) Rarely    2) Sometimes    3) Most of the time    4) Always

- \_\_\_\_\_ 1. Another resident here is my close friend. \*\*\*
- \_\_\_\_\_ 2. I play an important role in people's lives. \*\*\*
- ☐ \_\_\_\_\_ 3. I have people who want to do things together with me.
- \_\_\_\_\_ 4. People ask for my help or advice.
- \_\_\_\_\_ 5. I have opportunities for affection or romance.
- \_\_\_\_\_ 6. It is easy to make friends here.